



State of Connecticut
Commission on Fire Prevention and Control



AIRPORT FIREFIGHTER
Certification Examination Application Form

Please **PRINT** all information legibly as it will appear on your permanent records. This **entire** application must be completed by **both** the trainer & trainee prior to submission.

APPLICANT DATA

Last name		First name		Middle Initial
Home Street Address				
Town			State	Zip Code
Telephone Home		Work		
Social Security Number			CFPC Office Use Only:	
Date Certified as a State of Connecticut Firefighter I:		Individuals not currently certified to the Firefighter I level must have been an active member of a fire department with continuous service on or before July 1, 1977. Verification must be provided.		

FIRE SERVICE AFFILIATION

Department Name		FDID # (if applicable)
Company/Unit	City/Town	
Check One: Career _____ Volunteer _____ Call _____		
Date entered fire service (if applicable, include both volunteer and career time)		

EXAMINATION DATA

Type of Examination (Check One) (Applicants may apply for both types of examinations on a single application)	
Written Examination _____ Date _____	(Required for Challenge Examination Only) Practical Examination _____ Date _____
Examination Location	Examination Location

\$7.50 application fee for a written examination and/or \$5.00 for a practical examination required with application. Please check type of payment below:

Cash	Check (please indicate check # and date)	Purchase order	In service or Calendar Class (fee included in tuition)
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By my signature below, I certify that the above information is true and correct to the best of my knowledge and that I will be at least 18 years of age on the date of the examination.

Applicant's Signature	Date
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Remit completed application and fee to: Commission on Fire Prevention and Control
P.O. Box 3383
Windsor Locks, CT 06096-3383

(860) 627 - 6363 extension 229

AIRPORT FIREFIGHTER - INDIVIDUAL TRAINING RECORD

Name (Print)	Social Security Number:	
NFPA 1003 Chapter 3 Objectives	Quiz Grade <i>local option</i>	Date Psycho-Motor Objectives Met
3-2 Response		
3-3 Fire Suppression		
3-4 Rescue		
3-5 Post-Emergency Operations		

We the undersigned, do hereby certify that all psycho-motor skills as required in NFPA Standard 1003, Chapter 3, will have been satisfactorily performed and evaluated by the certified instructor whose signature appears below by the time of the Practical Skills Examination. It is understood that a skill evaluation will be administered by a representative of the Connecticut Commission on Fire Prevention and Control prior to granting of Certification.

Airport Firefighter Trainee Signature	Date
Lead Instructor Printed Name	Telephone Number
Lead Instructor Signature	Date